



Atty. Dkt. No. 069961-0401

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): KUBOTA et al.
Title: METHODS OF ISOLATING BIPOTENT
HEPATIC PROGENITOR CELLS
Appl. No.: 09/678,953
Filing Date: 10/3/2000
Examiner: Magdalene K. Sgagias
Art Unit: 1632
Confirmation Number: 7343

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicants hereby appeal to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Non-Final Office Action dated May 3, 2006, whereby claims 1, 14, 27-37 and 41-55 were rejected. Because the pending claims have now been, at least, twice rejected and because the M.P.E.P. at Section 1205 provides that an Applicant may appeal the decision of an Examiner twice rejecting the claim(s), regardless of whether the claim(s) has/have been "finally" rejected, Applicants submit this Notice of Appeal.

☒ Applicants claim small entity status.

☒ Applicants hereby petition for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

☒ Notice of Appeal Fee

☐ To be paid as detailed below

11/06/2006 JADD01 00000032 09678953

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510.00 US

WASH_1739848.1

☒ Not required (Fee paid in prior appeal)

The required fees are calculated below:

<input type="checkbox"/>	Notice of Appeal Fee	\$0.00
<input checked="" type="checkbox"/>	Extension for response filed within the third month:	\$1,020.00
<input type="checkbox"/>	Extension:	\$0.00
	FEE TOTAL:	\$1,020.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):	\$510.00
	TOTAL FEE:	\$510.00

A credit card payment form in the amount of \$510.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date November 3, 2006

By 

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